

Table S2. Results of Competing Risks Models for the Relationship between Albuminuria and Clinical Outcomes

	Urine Albumin to Creatinine Ratio (mg/g)				
	Normal < 10 mg/g (n=1017)	High Normal 10 to <30 mg/g (n=912)	Moderately Elevated 30 to <300 mg/g (n=1134)	Severely Elevated 300+ mg/g (n=448)	Total/ Continuous Per doubling
<b>Allograft Failure</b>					
Unadjusted	Reference	1.25 (0.73, 2.13)	4.18 (2.73, 6.40)	13.40 (8.77, 20.48)	1.44 (1.38, 1.50)
Parsimonious Adjusted	Reference	1.31 (0.77, 2.24)	4.38 (2.86, 6.72)	13.44 (8.73, 20.68)	1.45 (1.39, 1.52)
Extended Adjusted	Reference	1.23 (0.73, 2.10)	3.32 (2.14, 5.16)	8.90 (5.66, 13.99)	1.39 (1.32, 1.47)
<b>Cardiovascular Disease</b>					
Unadjusted	Reference	1.16 (0.89, 1.51)	1.62 (1.28, 2.05)	2.20 (1.67, 2.91)	1.11 (1.07, 1.14)
Parsimonious Adjusted	Reference	1.08 (0.83, 1.41)	1.65 (1.29, 2.11)	2.35 (1.76, 3.14)	1.12 (1.08, 1.16)
Extended Adjusted	Reference	0.98 (0.75, 1.28)	1.23 (0.95, 1.59)	1.49 (1.09, 2.03)	1.05 (1.01, 1.09)

Models present the hazard ratio (95% confidence interval). The parsimonious model is adjusted for age, sex, race, study allocation, country, graft vintage, donor type, calcineurin inhibitor use and sirolimus use, aspirin use, and statin use, while the extended model is adjusted for age, sex, race, study allocation, country, graft vintage, donor type, calcineurin inhibitor use, sirolimus use, diabetes, history of cardiovascular disease, smoking status, systolic blood pressure, diastolic blood pressure, body mass index, HDL cholesterol, LDL cholesterol, triglycerides, angiotensin converting enzyme inhibitor or angiotensin receptor blocker use, aspirin use, statin use, and estimated GFR. PY, person-year.